

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59074/

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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6		/				
7		/				
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12		/				
13		2				
14		2				
15	/					
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22		/				
23		4				
24		4				
25		4				
26		(1)				
27			/			
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45				/		
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48			/	/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
53				/		
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98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			30			